



Psychiatric Nurses Association, Station House, The Waterways, Sallins, Co. Kildare.
 Tel: 045 852300 Fax: 045 855750 Email: info@pna.ie Website: www.pna.ie

Our Vision is to Provide: Dynamic, value driven leadership, developing and maintaining diversity within the Association and maintaining integrity and ethical practice of Mental Health/Intellectual Disability Nursing. Our Association provides leadership to promote Psychiatric/Intellectual Disability Nursing, to improve health care for individuals, families, groups and communities and shape health policy for the delivery of health services. The PNA provides a variety of communications vehicles, to assist members in their growth and development as leaders and facilitate internal and external liaisons for the Association. Providing learning and growth inherent in relationships, partnerships, and networks with advocacy, consumer and other professional groups. Maintaining careful allocation and prudent stewardship of the Association's resources.

Our aims and objectives are:

- To promote and protect the interests of members and in particular to provide professional and industrial leadership for the nursing profession
- To improve statutory rights and benefits of members with improved salaries and conditions of work, through to representing members in relation to work matters.
- To improve career progression and the personal development of our members.
- To ensure a healthy and safe workplace for our members.

MEMBERSHIP APPLICATION FORM



Name: _____
 (BLOCK CAPITALS) State whether Mr. or Ms.

Grade: _____
 (e.g. Student, Staff Nurse etc)

Postal Address: _____

 (BLOCK CAPITALS)

Qualifications: (please tick): R.P.N. R.M.H.N. R.G.N.
 R.N.T. If Other Please Specify _____

Date of Birth
 Day Month Year

Current Practice Address:

Tel. No. _____ (Home or Mobile)

If you are currently or have in the past twelve (12) months been a Member of another Union, please state which Union: _____

Email Address: _____

I wish to apply for Membership of the Psychiatric Nurses' Association of Ireland.

Local PNA Branch: _____

Signed: _____

Date: _____

Please return signed Mandate to PNA Head Office, Station House, The Waterways, Sallins, Co. Kildare.
 This will then be forwarded by Head Office to the appropriate Health Service Executive Location or Employing Authority.

DEDUCTION FROM SALARY MANDATE



To: Payroll Officer _____ (H.S.E. Location/ Hospital). Please arrange to have deducted from my salary the sum of,
 Tick Box Weekly €5.50 Fortnightly €11 Calendar month €23.83 (*Subscription Deduction Period must equate with your Salary Payment Period*) Yearly €15.00 Associate Membership (Retired Nurses only) in respect of **Union Subscriptions** and remit this amount to, National Treasurer, Psychiatric Nurses Association of Ireland, Station House, The Waterways, Sallins, Co. Kildare.
Essential info marked * must be filled in

***Signed:** _____ ***H.S.E. Location/Hospital:** _____

***Payroll Ref. No.:** _____ ***Date:** _____

I accept that there may be periodic adjustments to the above level of contribution as determined by the National Executive of the P.N.A. and I also accept that these adjustments may be notified directly to my employer by Head Office of the P.N.A. I also understand that advance notice of any change in subscriptions will issue through a General Circular and that individual advance notice will not be issued.

I further authorise you to discontinue payment of contribution to any other Trade Union with effect from the implementation of this mandate.

I acknowledge that this deduction is made for my convenience and may be terminated by the H.S.E./Hospital at any time. I am aware that the H.S.E./Hospital does not accept any further liability for amounts so deducted and paid over the Psychiatric Nurses Association.